

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 217184

FILED
Feb 24, 2005
Secretary of State

Entity Name: SCHOOL INSURANCE OF FLORIDA AGENCY INC.

Current Principal Place of Business:

3097 CAMP ROAD
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

3097 CAMP ROAD
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-0856395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONAUGHTY, THOMAS J
3097 CAMP ROAD
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: FAWCETT, PAULETTE S
Address: 3074 CORAL VINE LN
City-St-Zip: WINTER PARK, FL 32792

Title: V () Delete
Name: BORASKI, JOSEPH A
Address: 1026 CHATHAM PINES CIR APT 302
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PTD (X) Delete
Name: CONAUGHTY, THOMAS J
Address: 4792 DUNBARTON DR
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CONAUGHTY, THOMAS J
Address: 4792 DUNBARTON DR
City-St-Zip: ORLANDO, FL 32817

Title: V (X) Change () Addition
Name: SMITH, LANE L
Address: 2437 LAKE VISTA COURT, APT 203
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. CONAUGHTY

PRES

02/24/2005

Electronic Signature of Signing Officer or Director

Date